

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	7	11-15-95
EXAMINER		
TYPIST	318	11/28/95
VERIFIER	290	11-29-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
1	10/22/94
2	10/22/94
3	10/22/94
4	10/22/94
5	10/22/94
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48	10/22/94
49	10/22/94
50	10/22/94

SYMBOLS  
 ✓ ..... Rejected  
 = ..... Allowed  
 - (Through number) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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